



2023 Colorado Mountain Winefest Plated Food Vendor Invitation

You are invited to join us for the **32nd Annual Colorado Mountain Winefest 'Festival in the Park'** to be held on **Saturday, September 16th, 2023** at Riverbend Park in Palisade from 10:30 a.m. to 5:00 p.m.

Colorado Mountain Winefest is the largest Colorado wine festival in the state, and is the only one held in the heart of wine country. Colorado Mountain Winefest is the primary fundraiser for the only non-profit for Colorado grape growers and winemakers, CAVE (Colorado Association for Viticulture and Enology), a 501(c)(6) organization. All proceeds go toward education and research to improve the grape growing and winemaking of Colorado wines and to draw national attention to agriculture in Colorado. Colorado Mountain Winefest has become nationally known as being the premier wine festival in Colorado. In 2017, Mountain Winefest was named the Best Wine Festival in the Nation by USA Today and has sold out for the past eight years!

TO APPLY: All prospective vendors must submit the following no later than April 28, 2023.

- Completed application with payment in full including all applicable fees
- Current photo of your food truck or booth set up
- Proposed menu with pricing
- Copies of all required permits, licenses and Certificate of Liability Insurance with CAVE/Colorado Mountain Winefest listed as Additional Insured are due at the CAVE office upon acceptance.

Incomplete applications will not be considered for acceptance.

All applications will be reviewed by the Winefest Committee. Vendor selections are based on unique or regional cuisine, quality of offerings and space availability. To achieve a variety of cuisines some menus may be limited. CAVE and the Event Coordinators reserve the right to refuse applicants. **Previous participation does not guarantee acceptance.**

Notification of acceptance status will be emailed by May 12th, 2023. All acceptance decisions are final.

Four staff members per booth are included in each booth fee. Up to two additional staff can be added for \$25 per person and must be paid in advance. You will be issued two parking passes per vendor and allowed only one trailer.

Payment will be processed upon acceptance. Accepted vendors will receive final information packets covering set up, take down, parking and access near the end of August.

We look forward to receiving your application. If you have questions, please call us at 970-464-0111 or email us at info@coloradowinefest.com.

Thank you for your continued support,

The Colorado Winefest Committee and CAVE staff



2023 Colorado Mountain Winefest Plated Food Vendor Application Form

Colorado Mountain Winefest 'Festival in the Park' is September 16th, 2023, at Riverbend Park in Palisade.
All applications are due by April 28, 2023.

Please print clearly.

Contact Person: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Cell Phone: _____

Email: _____ Website: _____

Sales Tax number or Special Event Sales Tax number (required) _____

Your fee includes a direct link to your website from www.coloradowinefest.com

Menu description: _____

_____ Photos of booth or truck enclosed **Required** _____

_____ Mesa County Health Dept. Temporary Event Food Service Approval Letter **Required** _____

_____ \$300 for a **10' X 10'** Plated Food Vendor space = \$ _____

_____ \$400 for a **10' X 20'** Plated Food Vendor space = \$ _____

_____ Optional Electricity 120 Volt = \$35.00 or 220 Volt = \$50.00 = \$ _____

(Electricity will only be made available to vendors on Saturday if paid with submission of this application)

_____ \$10 for a One Day Palisade Business License = \$ **10** _____

(Required of all businesses that do NOT have an annual Palisade Business License.)

TOTAL ENCLOSED = \$ _____

*******ALL fees are DUE with completed application*******

Incomplete applications will not be accepted.

(Certificate of Liability Insurance, applicable licenses and permits are due upon acceptance.)

Payment: Payable to CAVE (Check# _____)

Credit Card # _____ Exp. Date _____ Security Code# _____ Zip _____

Print Name (as it appears on the card)

Signature

OVER

Important Signature Page

Agreement:

- You must have an original Colorado Retail Food Establishment License at your booth. Contact the Mesa County Health Department, (970) 248-6900 for licensing information.
- You must have a Mesa County Health Dept. Temporary Event Food Service Approval Letter. Contact Mesa County Health Department, (970) 248-6900 for licensing information.
- You are responsible for obtaining a Special Event Sales Tax license (DR0589) collecting sales tax of 7.27% and reporting it on CO Dept. of Revenue Special Event Retail Sales Tax Return (DR0098).
- You must accept the \$5 discount coupons from Winefest Volunteers or staff. All vouchers collected will be reimbursed by CAVE staff at the end of the festival for the total amount of vouchers received.
- Upon acceptance a Certificate of Liability Insurance listing CAVE/Colorado Mountain Winefest as Additional Insured will be provided.
- Security – Festival officials assume no responsibility for the security of items on display or personal items.
- Vendors are responsible for the delivery, handling, take down and removal of their display and personal items.
- Vendors must provide their own tent, tables and chairs.
- Vendor vehicles are NOT permitted in the Festival area between 9:30 am and 5:30 pm on Saturday, September 16th for safety reasons. Vehicles left within the perimeter will be towed at the owner's expense.
- Upon vacating your booth space(s) will ensure the space is free of trash and in good condition.
- No generators are permitted. A refrigerated truck will be provided for your use after 5:00 pm on Friday and all day on Saturday.
- Winefest attendees under 21 years of age will not be allowed in the park, however you will be allowed to have staff between the ages of 18 – 20 with a non-drinker band. Please notify the CAVE office of any staff under 21.
- Winefest **will not** be cancelled for inclement weather – so be prepared as Winefest is an outdoor event and held rain or shine.
- If you are selected and do not attend for any reason you will not receive a refund of your booth fee. There are no exceptions.
- This Agreement cannot be reassigned. Subletting all or part of the space is not permitted.

I agree to abide by the rules and regulations stated in this application and accept total responsibility for my booth space and property while attending the 32nd Annual Colorado Mountain Winefest. Further, I agree that photographs taken of me, my booth, products, and/or workers, may be used by Colorado Mountain Winefest and CAVE for promotional purposes.

Signature: _____ Date: _____

Mail completed application to:

CAVE
P.O. Box 1556
Palisade, CO 81526

Fax: (970)464-0999

Email: info@coloradowinefest.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			02/26/2019	02/26/2020	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			ANIMAL BAILIEE \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A			WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder had been added as additional insured regarding the above mentioned policy per attached
Additional Insured-Vendors (CG 20 15 Ed, 04 13)

CERTIFICATE HOLDER CAVE 124 West 3rd St Palisade, CO 81526	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 